

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|---------------|---------------|----------------|
| FEE DETERMINATION | <i>MC</i> | | <i>2/8/00</i> |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>C.Y.C.</i> | <i>JC 530</i> | <i>9-15-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
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If more than 150 claims or 10 actions
staple additional sheet here

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